



PTO/SB/21 (05-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/967,274
	Filing Date	9/27/2001
	First Named Inventor	Richey, II
	Art Unit	3731
	Examiner Name	Darwin P. Erez
Total Number of Pages in This Submission	Attorney Docket Number	12873/04169

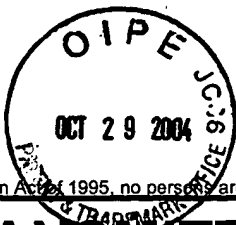
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Check in the amount of \$304.00 Return receipt postcard	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Warren M. Haines II (Reg. No. 40,632)	Customer Number 24024
Signature		
Date	10/27/04	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Joyce Ford		
Signature		Date	10-27-2004

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 304.00

Complete if Known

Application Number	09/967,274
Filing Date	9/27/01
First Named Inventor	Richey, II
Examiner Name	Erezo, Darwin P.
Art Unit	3731
Attorney Docket No.	12873/04169

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

03-0172

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Free from below	Fee Paid	
Total Claims	<input type="text"/>	-20** =	<input type="text" value="12"/>	X	<input type="text" value="18"/>	= <input type="text" value="216"/>
Independent Claims	<input type="text"/>	-3** =	<input type="text" value="1"/>	X	<input type="text" value="88"/>	= <input type="text" value="88"/>
Multiple Dependent	<input type="text"/>					

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 304.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Warren M. Haines II	Registration No. (Attorney/Agent)	40,632	Telephone	216-622-8200
Signature		Date	10/27/01		

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CERTIFICATE OF MAILING

I hereby certify that this application is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, Virginia 22313-1450 on October 27, 2004.

Signature Joyce Ford

Printed Name: Joyce Ford

Customer Number

24024

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Richey, II)	Examiner: Erez, Darwin P.
)	
Serial No.: 09/967,274)	Art Unit: 3731
)	
Filed: September 27, 2001)	
)	
For: CARBON DIOXIDE-BASED)	
BI-LEVEL CPAP CONTROL)	
)	
Attorney Docket No.: 12873/04169)	

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE

This communication is in response to the Office Action of July 27, 2004. The Listing of the Claims begins on page 2 and the Remarks begin on page 10.

11/01/2004 MMEKONEN 00000042 09967274

01 FC:1202	216.00 OP
02 FC:1201	88.00 OP